Project #8537 CBMS PEAKPro Homelessness Risk Assessment

Homelessness Risk Assessment User Guide: PEAKPro





1575 Sherman St., Denver, CO 80203 P 303.866.5700 cdhs.colorado.gov Jared Polis, Governor | Michelle Barnes, Executive Director

| Purpose | This project implements a Homelessness Risk Assessment (HRA) that can be completed by housing navigators/ case managers using PEAKPro. This project is part of the governor's wildly important goal (WIG) for the 2023-2024 state fiscal year. Giving the ability to conduct this assessment to PEAKPro users will extend the reach and impact of this assessment. This User Guide will review the process to request access to the assessment in PEAKPro and will guide you through administering the assessment. Note: The HRA can also be found in CBMS, if you are already a CBMS user, please see the CBMS User Guide for HRA |
|----------|---|
| Contents | <u>Requesting Access for your Organization</u> <u>Requesting Access as a Member of an Approved Organization</u> <u>Managing User Access</u> <u>Creating a New Assessment</u> <u>Assessment Results</u> <u>History of Assessments</u> |
| Links | <u>Guide to PEAKPro Multi-Factor Authentication</u> <u>Family Violence Option Fundamentals Training in</u> <u>COLearn</u> <u>PEAKPro Self Regitration Guide</u> |





Requesting Access for Your Organization

First you will need to choose an organizational administrator who will be responsible for creating and maintaining the organizations HRA account and the associated user accounts.

The admin will need to request access for your organization to use the HRA before individual users are able to use the assessment.

Whether your organization is already a PEAKPro user or not, you will still have to request organizational access to PEAKPro for HRA.

To request HRA access for your organization, start on the PEAKPro home screen without signing in, click on the "Create account" button, or on the "Become a Partner" tab. Both options will take you to the same page.

Note: The HRA can also be found in CBMS, if you are already a CBMS user, please see the CBMS User Guide for HRA.







Select the tile to "Request access for an organization."

| PEAK Pro. | | Español Sign in |
|--|--|---|
| Home Frequently asked questions Become a partner Med-9 | form | |
| | | |
| r LARFIO access | | |
| Request agency administrator access | Request access for an organization | Request a new PEAKPro user |
| Use this option to request agency administrator access to PEAKPro. Agency administrators must be approved by the state and can use their access to approve organizations in PEAKPro. | Use this option if you are the authorized administrator for your organization and will manage user access. Once approved. a new Org ID will be generated. | Use this option if your organization has access to PEAKPro and you would like to add a user. |
| Request agency administrator access | Request access for an organization | Request a new PEAKPro user |
| Sign in to PEAKPro | | |
| If you already have access to PEAKPro, sign in to PEAKPro to view your account. | | |
| | | |
| Sign in to PEAKPro | | |
| | | |
| | | |

Next, select the option for "Assister organization."

| | COLORIDO PE | AKPro. | | | | | | |
|--|---|--|-----------------------------|--|-----------------|-----|--|--|
| | Home | Frequently asked q | uestions | Become a partner | Med-9 for | n | | |
| Back to PEAKPro | access | | | | | | | |
| | | | | | | | | |
| quest access | ; for an o | rganization | | | | | | |
| You must be autho | rized by the sta | te to use PEAKPro. | | | | | | |
| When your reques | t is approved by | y an Agency Administr | ator, you w | ill receive a new Or | g ID and Pass K | ey. | | |
| | | | | | | | | |
| Select the PEAK | Pro type for | your organization | n. | | | | | |
| Learn more abo | ut the <u>PEAK</u> | Pro organization | <u>types and</u> | <u>d subtypes.</u> | | | | |
| PEAKPro orga | nization ty | pe | | | _ | | | |
| Assister organi: Members of my or complete renewal accounts and sear | zation rganization helj Is. People in my rch CBMS for ca | p people apply for ben organization can proc ases. | efits, repor :ess PEAK f | • t changes and forms, link PEAK | | | | |
| (| | | | | | | | |
| Content manag | ement | | | 0 | | | | |
| Content manag Members of my or PEAK platforms. | ement ganization upd | late dynamic content f | or mobile a | o apps and banners fo | | | | |
| Content manag Members of my or PEAK platforms. | rganization upd | late dynamic content f | or mobile a | o apps and banners fo | | | | |
| Content manag Members of my or PEAK platforms. Application pro Members of my or determinations. | rganization upd | late dynamic content f | ior mobile a | o apps and banners fo o pdate | | | | |
| Content manag Members of my or PEAK platforms. Application pro Members of my or determinations. | rganization upd cessing ganization revi | late dynamic content i | for mobile a | onpps and banners fo | | | | |





Office of Economic Security Division of Economic & Workforce Support

| | Long-term services and supports Members of my organization help people with developmental and intellectual disabilities complete self-assessments and review applications that include lon services and supports. | ⊖ g-term |
|---|---|-------------|
| | Cost allocation Members of my organization manage and track PEAK usage and costs. | 0 |
| Γ | Organization subtype | |
| | Homelessness risk assessor (HRA) | ~ |
| | | |
| | | |
| | Add a newborn (ANB) | |
| | Add a newborn (ANB) Behavioral Health Administration (BHA) | |
| | Add a newborn (ANB) Behavioral Health Administration (BHA) Community based organization (CBO) | 1 |
| | Add a newborn (ANB) Behavioral Health Administration (BHA) Community based organization (CBO) Department of corrections (DOC) | |
| | Add a newborn (ANB) Behavioral Health Administration (BHA) Community based organization (CBO) Department of corrections (DOC) Division of Economic Workforce Support partner (DEWS) | |
| | Add a newborn (ANB) Behavioral Health Administration (BHA) Community based organization (CBO) Department of corrections (DOC) Division of Economic Workforce Support partner (DEWS) HCPF call center (HCF) | |
| | Add a newborn (ANB) Behavioral Health Administration (BHA) Community based organization (CBO) Department of corrections (DOC) Division of Economic Workforce Support partner (DEWS) HCPF call center (HCF) HCPE help and research (HHP) | |
| | Add a newborn (ANB) Behavioral Health Administration (BHA) Community based organization (CBO) Department of corrections (DOC) Division of Economic Workforce Support partner (DEWS) HCPF call center (HCF) HCPE help cod recearch (HHP) V Homelessness risk assessor (HRA) | |

After selecting the HRA subtype you will see additional fields to fill out your organization's information. Here you will need to identify who your organization admin contact will be, this person will be in charge of approving/denying access requests. Once identified and added to the form, you will have access to click on the "Request access" button.

Once Submitted, your request will be processed by the CDHS Agency Administrator. Once your access has been approved, you will be provided with an organization ID and passkey that will allow you to administer PEAKPro on behalf of your organization. Once you have your organization ID and passkey along with your organization's email, you will be able to register as a PEAKPro Admin user. This process is described in the next section. This will reveal a dropdown at the bottom of the list for you to select your Organization subtype. "Choose Homelessness risk assessor (HRA.)"

| Homelessness risk assessor (HRA) | ~ |
|----------------------------------|---|
| Drganization name | |
| Х | |
| Drganization contact | |
| Х | |
| Contact phone number | |
| (111)-111-1111 | |
| Contact email address | |

Request access



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Requesting Access as a Member of an Approved Organization

Once your organization has been approved and provided with an organization ID and passkey, individual users can request access to PEAKPro as part of your HRA approved organization.

Click the Create account from the PEAK home page.



Select the Request a new PEAKPro user option.





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Enter the Org ID and Pass Key that was provided to the user by email.

| 2000 PE | AKPro | | | | | | Español Sign in |
|---|----------------------------|------------------|------------|---------------|----------------|--------------|-----------------|
| Home | Frequently asked questions | Become a partner | Med-9 form | | | | |
| Sack to PEAKPro access | | | | | | | |
| Request a new PEAKPro Enter your Org ID and Pass key | user | | | | | | |
| Step 1 of 3 | | | | | | | |
| Org ID | | | | | | | |
| Enter Org ID | | | | | | | |
| Pass key | | | | | | | |
| Enter pass key | | | | | | | |
| | Next | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | Accessibility | Privacy notice | Colorado.gov | |

Enter the users name and email. (Note - you must click the Verify email address) this will generate a code that will be sent to your email.

| PEAK Pro. | | | Español Sign in |
|--|-----------------------|----------|-----------------|
| Home Frequently asked questions Become a partner Med 9 form | | | |
| K Back to PEAKPro access | | | |
| Request a new PEAKPro user | | | |
| If you need assistance, reach out to your organization contact: Maryann McLendon, maryann.mclendon@state.co.us or (7 | <u>20)-561-9439</u> . | | |
| Step 2 of 3 | | | |
| Personal Information | | | |
| First name | | | |
| Enter first name | | | |
| Last name | | | |
| Enter last name | | | |
| PEAKPro username | | | |
| Use your email address provided by your organization. | | | |
| Username (email address) | | | |
| Enter email address | Verify email address | — | |
| Next | | | |





Once the user receives the email with the verification code, they will enter the code and click the Confirmation code option before clicking on the next button.

| PEAKPro. | | | | | | Español | Sign in |
|---|-------------------------------------|------------------------------------|----------------------------|-----------------------------|------------|---------|---------|
| Home Frequently asked qu | estions Become a partner | Med-9 form | | | | | |
| Sack to PEAKPro access | | | | | | | |
| Request a new PEAKPro user | | | | | | | |
| If you need assistance, reach out to your organization co | ntact: Maryann McLendon, <u>mar</u> | vann.mclendon@state.co.us or (720) | - <u>561-9439</u> . | | | | |
| Step 2 of 3 | | | | | | | |
| Personal Information | | | | | | | |
| First name | | | 1 | | | | |
| Last name | | | | | | | |
| | | | | | | | |
| PEAKPro username | | | | | | | |
| Use your email address provided by your organization | ion. | | | | | | |
| Username (email address) | | | Change email address | Verify email address | | | |
| Check your email for the verification | code. It might be in yo | ur spam folder. Keep your c | urrent session open, or yo | u will not be able to use t | this code. | | |
| Verification code | | | | | | | |
| | Next | | Confirm code Resent | d code | | | |

The final step will be to entering your first, middle, last name, along with a password, then submit the request.





Managing User Access

Those approved as HRA organization admins will have access to the user request management screen and can grant users access to the HRA.

To access the user request management screen you must first login with your HRA organization admin credentials, which will take you to the HRA home screen. Here you will see an overview of the HRAs conducted by your organization.

Next click on the "User Management" tab at the top.

| PEAK Pro. | | | Español HRA Tester |
|---|---------------------|-----------------------|--------------------------|
| Home User Management My Account | | | |
| | | | |
| Overview of assessments (28) | | | Start a new assessment |
| Services Only Assistance | One-time Assistance | Short-term Assistance | Draft assessment |
| > Search my assessments | | | |
| (From date: 03/06/2024 X) (To date: 03/13/2024 X) | | | |
| Assessments | | | |
| Name 🗸 | Date submitted 🗸 🗸 | Assessment score V | Recommended service 🗸 |
| | 03/13/2024 | 15 | Short-term Assistance |
| | 03/13/2024 | 14 | Short-term Assistance |
| | 03/13/2024 | 3 | Services Only Assistance |
| | AA 14A 19AA 1 | - | A |

This will take you to the user management screen where you will see a list of pending user requests. This type of request will be listed as "Homelessness risk assessor (HRA), from here you are able to click on individual requests."

| lome User Management My Ac | count | | | | |
|----------------------------|---------------|--------------|---------------------------------|--------------------|------------|
| | | | | | |
| Overview of user reques | ts (2) | | | | |
| otal users | Pending | Granted 2 | Denied O | | /e users |
| > Search criteria | | | | | |
| User profiles | | | | | |
| ame | Email address | ∨ Тур | e alersners rick assessor (HRA) | Status Granted | ~ |
| RA Tester | | Hon | nelessness risk assessor (HRA) | Granted | |
| 10 rows 💙 | | | | | < 1 of 1 > |
| | | | | | |



Once you have clicked on your individual request this will move you forward to the individual user management page. Here you will be able to edit the access permission. For a typical HRA user, leave this field blank. "Read only" will give users the ability to view assessments. Use the "Admin" option to designate additional organization administrators.

When you are done making your selections, click "Save."

Additionally, it is the responsibility of the organization administrator to deny/end access for employees who no longer use the HRA or who are no longer affiliated with the organization.

Section 4 of the assessment contains questions about domestic violence and safety. Due to the potentially sensitive nature of these questions specific training is required before assessors can access and use this part of the assessment. Organization admins should use the appropriate field here in the user management screen to confirm that users have completed the training necessary to unlock the domestic violence questions in section four of the assessment. Currently users with access to COLearn can complete the Family Violence Option Fundamentals web-based training to satisfy this requirement.

| Pro user request managemen | t | | Activate profile |
|--|---|--|------------------|
| Name HRA-Trainer Train | Email address hratrainer@peakpro.com | PEAKPro Type Homelessness risk assessor (HRA) | |
| Org ID 1000007218 | | | |
| *Comments | | | |
| AV approved 3/7/24 | | | |
| | | | |
| Click to open Confidentiality Agreement | <u>t</u> | | |
| <u>Click to open Confidentiality Agreemen</u> Access permission | <u>*</u> | | |
| Click to open Confidentiality Agreement Access permission Granted | ± ~ | | |
| Click to open Confidentiality Agreemen Access permission Granted Access type | | | |
| Click to open Confidentiality Agreement Access permission Granted Access type Select an Option | t ~ | | |
| Click to open Confidentiality Agreement Access permission Granted Access type Select an Option | ± ~ | | |
| Click to open Confidentiality Agreement Access permission Granted Access type Select an Option -las the user received any training in Yes No | t o domestic violence? | | |





Creating a New Assessment

Once you have been granted access to the assessment you will be able to view the assessment dashboard when you sign into PeakPro.

The dashboard provides information on any prior assessments completed. Here you are able to search for prior assessments using the following filters:

- First name
- Last name

•

Assessment score

Recommended service

• Date range

Incomplete assessments will show a "Finish assessment" button on the Assessments list at the bottom of the dashboard. Click here to resume an assessment. After seven days, any incomplete assessments cannot be modified or finalized.

You can begin a new assessment by selecting the "Start a new assessment" button on the top of the page.

| Home My Account | | | | | | | | | | | |
|-------------------------|------------------|---------------|--------------|------------------|---|------------|----------------------------|------------------|----------------------------------|------------------------|---|
| Overview of assessme | nts (110) | | | | | | | | Start a new i | assesment | |
| Services only | 0ne-time 20 | | | Short-term 14 | | | | Draft assessment | | | |
| ➢ Search my assessments | | | | | | | | | | | |
| First name | | Last name | | | | Recommen | ded serv | vice | | | |
| Enter first name | | Enter last na | ime | | | Select rec | Select recommended service | | | | < |
| Assessment score | | From date | | | | To date | | | | | |
| Select assessment score | ~ | dd | mm | уууу | * | dd | ~ | mm 🗸 | уууу | * | |
| Reset filters Search | | - | | | | N | 1.04 | | | | |
| Name 4 | ✓ Dat | e submitted 🕹 | (v) | Assessment score | ŧ | | Reco | mmended servi | ce 🕹 | ~ | |
| Jane Doe | 12/ | 11/2023 | | 3 | | | Servio | ses only | | | • |
| Ryan Davis | 12/ | 10/2023 | | 10 | | | One t | ime assistance | | | ۳ |
| Ethan Mitchell | 12/0 | 05/2023 | | Saved as draft | | | NA | | - | | - |
| | 1. 10 Million 10 | | | 100 | | | Connie | and share a | Elizable and | A dest of the second t | |



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At the top of the new assessment there is a collapsible card: "Instructions/ Background." Please read this information thoroughly until you feel you are comfortable with the assessment content and purpose. Additional instructions and guidance is provided throughout the assessment.

| APEAK Pro. | | | Español 😩 HRA-Trainer Train |
|---|---|--|--|
| Home My Account | | | |
| K Back to Dashboard | | | |
| Homeless assessment | | | |
| The questions are designed to identify households that are most likely to experience h risk. No screening tool can predict the future and not all resources and referral options | omelessness within the ne s may be available in the ar | ext month and for whom the exper rea of assessment. | ience of homelessness will pose the greatest |
| > Instructions/Background | | | |

The following information will display:

Instructions

The Colorado Department of Human Services (CDHS) Homeless Risk Assessment should be completed by a trained staff member working for or partnering with CDHS and/or a Colorado County Department of Human Services office. The client should NOT complete this assessment tool themselves.

Background

The CDHS Homeless Risk Assessment was created to prevent and divert households at risk of experiencing homelessness in Colorado by prioritizing community resources for those most in need. The assessment is designed to:

Determine vulnerabilities and housing instability risk factors for clients at risk of experiencing homelessness, and,
 Make recommendations for prioritizing community resources to vulnerable Coloradans who are most likely to experience homelessness if not for assistance.

Follow the instructions throughout the assessment. Responses to questions with scoring point values in the assessment will be automatically calculated and a final assessment score will be produced at the end of the assessment. The final assessment score will offer recommendations and outcomes for prospective community referrals, resources, and service interventions.





The Assessment will include the following sections: Assessor details, Household details, Current living situation, Safety considerations, and Household vulnerabilities. Complete each section of the Assessment and click "Next" on the bottom of each screen. You can also select "Save as drafts" and complete the assessment later.

Assessor Details

| PEAK Pro. | | | Español 😩 HRA-Trainer Train |
|---|--|--|---|
| Home My Account | | | |
| C Back to Dashboard Homeless assessment The questions are designed to identify households that are most likely risk. No screening tool can predict the future and not all resources are completed as the second s | y to experience homelessness wi d referral options may be availab | thin the next month and for whom the experien le in the area of assessment. | ce of homelessness will pose the greatest |
| > Instructions/Background | | | |
| Step 1 of 8 Assessor details | | | |
| > Description | | | |
| *First name | | | |
| | | | |
| *Last name | | | |
| Responses for Colorado county for assessment should reflect the Colora | to county where the client is being asse | ssed not where the assessor is based, if the assessor repre | esents multiple counties and/or regions. |
| *Colorado county for Assessment | | | |
| Select county | ~ | | |
| *Assessment method (select one option for how the assess was administered) | nent | | |
| Select assessment method | ~ | | |
| *Assessment date | | | |
| 03 • 19 • 2024 | ~ | | |
| *Primary Language | | | |
| Select primary language | ~ | | |
| *Preferred contact information for follow up Email Phone | | | |
| *Preferred contact information | | | |
| Enter preferred contact information | | | |
| Cancel | | | Save as drafts Next |





Household Details

| Step 2 of 8 | |
|---|--|
| | |
| Household details | |
| Description | |
| Description | |
| *First name | |
| Enter first name | |
| Nact name | |
| Last Hallie | |
| | |
| 'Gender | |
| Select gender 🗸 | |
| Preferred contact information for follow up | |
| Email O Phone | |
| | |
| Preferred contact information | |
| Enter preferred contact information | |
| *Date of birth | |
| mm 🗸 dd 🗸 yyyy 🗸 | |
| | |
| American Indian/Alaska Native | |
| Asian | |
| Black/African American | |
| Native Hawaiian/Pacific Islander | |
| White/Caucasian | |
| Other/Unknown | |
| thnicity | |
| Select ethnicity 🗸 | |
| social Security Number | |
| x | |
| | |
| Veteran status | |
| Select veteran status | |
| 'Including yourself, how many adults (over the age of 18) are in the household? | |
| Enter total household members | |
| | |
| How many children (under the age of 18) are in the household? | |
| How many children (under the age of 18) are in the household? Enter total children | |
| How many children (under the age of 18) are in the household? Enter total children | |





Current Living Situation

In this section you will be asked a set of questions that are scored according to the response, these scores will be tracked in the assessment. A final score calculation will be determined at the end of the assessment and the final score will be used to make referral recommendations.

Note: The questions within the assessment and scoring attributed to particular responses can be updated over time by the CDHS Director of Homeless Initiatives to address feedback received as we begin to implement use of the assessment.

| tep 3 of 5 |
|--|
| Current living situation |
| Vhere do you sleep most frequently? |
| Select one |
| o you meet at least one of the following conditions for housing instability? 🕠 |
| Literally homeless |
| Have moved because of economic reasons 2 or more times in the past 60-days |
| Living in the home of another person because of economic hardship |
| Have been notified that your right to occupy your current living situation will be terminated within the next 21-days (e.g., notice from a landlord) |
| Living in a hotel or motel and the cost is not paid by a charitable organization or by a low-income government program |
| Living situation with more than one and a half people per room (e.g., 2-bedrcom apartment with 4 people) |
| Exiting a publicly funded institution or system of care |
| Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified by the assessor |
| None of the above |
| o you lack the sufficient resources or support networks available to prevent you from becoming homeless in the next 30-days? |
| Yes No Unknown |
| oes the household's combined income have an annual income at or below 50% of the Area Median Income for the area? |
| Yes No Unknown |
| oes the household's combined income have an annual income at or below 30% of the Area Median Income for the area? |
| Yes No Unknown |
| Total points: XX/25 |
| Previous Save as drafts Next |



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Safety Considerations

This section contains questions about domestic violence and safety. Due to the potentially sensitive nature of these questions, additional training is required before assessors can access and use this part of the assessment.

If you have not taken the Family Violence Option training or a related domestic violence training this section will not be accessible. Access is granted by your HRA organization admin by selecting yes to the question "Has the user received any training in Domestic Violence?"

For users with access to COLearn, completing and passing the Family Violence Option Fundamentals web-based training will meet the training requirement to access the domestic violence assessment in Section 4. Users must provide evidence of completion of this training to their organization admins to unlock this portion of the assessment.

| Are you currently being harmed or at risk of | peing harmed by another person? |
|--|--|
| Yes No Unknown | |
| Have you experienced violence or threats of | iolence in the last six months that has had an impact on feeling safe where you live? |
| Yes No Unknown | |
| s your current housing situation in any way | aused by a relationship that broke down, an unhealthy or abusive relationship, or because family |
| O Vec. O No. O University | |
| Yes () No () Unknown | |
| | |





Household Vulnerabilities

Household vulnerabilities is the final section of the assessment. When you have completed the questions in this section you will be able to click on the "Submit" button at the bottom of the page. Please note there is a consent question at the bottom of this screen. The consent button is required to allow us to share the assessment outside of PEAKPro. This will help support referral recommendations.

| Determining hou | isehold vulnerabilities | |
|--|--|---------------|
| Description | | |
| Do you have any fa | amily or friends in the area you can stay with if you lost housing? | |
| Yes 🔿 No | Unknown | |
| Do you or anyone | in your household have any documented physical health issues that makes it difficult to find or maintai | in housing? |
| Yes 🔿 No | Unknown | |
| Do you or anyone housing? | in your household have any documented behavioral/ mental health issues that makes it difficult to find | l or maintain |
| Yes 🔿 No | Unknown | |
| Do you or anyone housing? | in your household have any substance use (drinking or drug use) issues that makes it difficult to find or | r maintain |
| Yes No | O Unknown | |
| Nere you ever hor | neless and/or couch surfing when you were a child under 18-years-old? | |
| Yes 🔿 No | Unknown | |
| oid any of the foll | owing issues bring on your housing crisis? | |
| Issues with land | ilord/property management | |
| Unable to pay o | current rent or utilities | |
| Unable to pay p | past rent or utilities (arrears) | |
| Foreclosure of | property | |
| Living in a space | e that did not meet habitability standards | |
| | nf snare | |
| | in the space | |
| Tald (saled to 1 | , in the space | |
| I loid/asked to le | save by other residents | |
| Disabling cond | itions that limit housing options and/or make it hard to live independently | |
| None of the ab | ove | |
| Do any of the follo | wing issues make it difficult to find new housing or maintain existing housing? | |
| issues with acce ies, transportation) | essible nousing related to a disabling condition that requires a specific type of housing (e.g., first floor unit, acc | cessible amer |
| Poor credit hist | ory | |
| Restrictions on our housing histor | where you can live because of legal issues or criminal justice history o No references for your housing or poor y | references o |
| Difficulties und | erstanding or communicating in English | |
| Issues with ider | tification or other forms of documentation | |
| Issues with emp | ployment or income assistance | |
| None of the ab | ove | |
| Total points: 0/12 | | |
| | | |





Error Message

You may get an error message if there is a processing error. Your assessment will automatically be saved as a draft. If you get an error, wait a few minutes, locate and open the saved draft and resubmit. If the issue persists, submit a help desk ticket.







<u>Results</u>

After successful submission you will see the results displayed. The assessment is designed to calculate a score and make a recommendation for assistance and referral based on the information provided. No action is taken by the system based on these recommendations, it is up to the assessing organization to act on these recommendations.

| Home My Account | | | |
|--|---|--|---------|
| Seck to dashboard | | | |
| | | | |
| Results | | | |
| Below is the total assessment score of all point values from all | all sections used to offer recommendations for servic | e interventions and referrals/resource | 95. |
| | | | |
| Final assessment score | | | |
| | | | |
| Based on the answers provided, the final assessment score | ore is 9 (One-time assistance) | | |
| One-time Assistance | | | |
| Examples of referrals and services to offer to eligible hous | useholds scoring under the "One-time Assistance" ca | ategory include: | |
| One-time funding specifically targeting housing relate | ted costs (rent, utilities, arrears, etc.) | | |
| | | | |
| Next Steps | | | |
| Referral | | | |
| | | | 1.1.1.1 |





History of Assessments

You can use the search feature on the Dashboard to search for specific households and track their risk over time. When you select a household, you will see the History of assessments for this household. This will list and summarize their prior assessments. You can view prior assessments, but you will not be able to revise them once completed.

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